

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

ASSISTANT SURGEON GENERAL

DIRECTOR, INDIAN HEALTH SERVICE

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

MARCH 7, 1995

**OPENING STATEMENT**  
**MICHAEL H. TRUJILLO, M.D., M.P.H.**  
**ASSISTANT SURGEON GENERAL**  
**DIRECTOR, INDIAN HEALTH SERVICE**

Mr. Chairman and Members of the Committee:

I am Dr. Michael H. Trujillo from the Laguna Pueblo, New Mexico. I am the Director of the Indian Health Service (IHS). Accompanying me today are: Dr. Craig Vanderwagen, Director, Division of Clinical and Preventive Services; Dr. Scott Nelson, Chief, Mental Health Programs Branch; Dr. Johanna Clevenger, Chief, Alcoholism Substance Abuse Program Branch. I appreciate the opportunity to share with you our activities and efforts in addressing the many health issues confronting Indian youth across the nation.

Today's American Indian and Alaska Native (AI/ AN) youth are the key to the future of Indian communities. Yet our Indian youth are often at high risk for health problems which need continuous focus and attention. Consequently, the IHS places high priority on services for Indian children and adolescents, who make up about 40 percent of the population in Indian country.

General health issues for Indian youth are addressed both through our system of IHS and Tribal hospitals and reservation and urban clinics, and through prevention programs, such as health education activities and teen centers.

Behavioral health issues comprise the most intense area of conflict facing AI/AN teenagers, adolescents and young adults. Behavioral issues were highlighted in the testimony of Indian youth and youth groups in testimony before your committee on February 9. A University of Minnesota study on Indian adolescents conducted in 1988 found high rates of health-compromising behaviors and risk factors related to unintentional injury, substance abuse, poor self-assessed health status, emotional status and suicide. The study on Indian adolescent mental health conducted by the Office of Technology Assessment of the Congress in 1990 also outlined the many behavioral problems of Indian adolescents and expressed concern about the limited resources available in IHS to address them. Accidents, suicide and homicide are the 3 leading causes of death in the 15-24 age group; for suicide, the death rate is almost 3 times higher than the national average for that age group. Alcoholism, drug abuse, depression, suicide attempts, school drop-outs, antisocial behavior (including gang membership ), Fetal Alcohol Syndrome (FAS), teen pregnancy, and sexually transmitted disease are major issues for Indian adolescents and their families.

Why are these behavioral problems so prevalent and serious in Indian country? We believe that there are several contributing factors, including continued oppression and discrimination, the loss of culture and language in Indian communities, the dysfunction of many Indian families with parental role models of alcoholism and family violence, and the conflict that many Indian youth feel about their identities.

Services to Indian children and adolescents are among my highest priorities and IHS has actively been addressing the behavioral issues and health problems of All AN youth. Examples of those services are:

**1) Suicide/Family Violence Prevention Programs**

- a team of mental health professionals available to provide technical assistance and education to tribes and IHS service units confronting concerns about youth suicide. The team helps communities to organize and respond to, provides important information about suicide prevention, and conducts follow-up on community actions.
- a computerized suicide register program to assist tribes and service units track follow-up activities with youth who are at risk.
- a tribal demonstration adolescent suicide prevention project, which has been evaluated by IHS as highly successful.
- consultation and technical assistance on prevention of other forms of family violence including domestic violence, homicide, and child abuse.

- a plan on Suicide Prevention and Intervention Services requested by the Congress is currently under development.
- a suicide intervention evaluation project to evaluate the efficiency of suicide prevention and intervention programs are in White Mountain, Arizona, White Earth, Minnesota, and Jicarilla, New Mexico tribal communities. The project is funded through a grant to the IHS from the Centers for Disease Control (CDC).
- an exemplary child mental health initiative administered by the Navajo Nation, which applied for and received a \$17 million 5-year grant from the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant will focus on three Navajo service units and will include traditional healing as a major treatment modality.

## **2) Alcoholism and Substance Abuse Prevention and Treatment**

Alcoholism and substance abuse impedes the course of adolescent maturation and must be treated first before other issues can be properly addressed.

Much to the credit of Indian tribes and villages, they have provided the initial impetus that led to Federal involvement in funding and are currently continuing their involvement in all phases of eliminating the disease of alcoholism and its effects of all age groups~ In the spirit of self-determination, most tribes prefer to manage their own alcoholism programs. In accordance with the government-to-government relationship that the Federal Government enjoys with Indian tribes, Congress has been supportive of the need for such services within AI/ AN communities. The majority of approximately 360 programs throughout the twelve (12) IHS Areas are located within the tribal community or reservation boundaries. Programs, however, are also set up in urban area to accommodate Indians residing in urban communities.

Some 800 AI/AN adolescents and young adults age 12 up to age 24 are annually receiving intensive inpatient treatment, including family therapeutic involvement, at 10 regional treatment centers for youth in 8 IHS Areas. These centers offer intensive alcoholism treatment in a culturally relevant manner but also address additional psychiatric and education diagnosis needed for effective long-term success. The IHS is currently in the process of analyzing the effectiveness of these treatment centers since their inception in 1987. The evaluation process will provide the Alcoholism and Substance Abuse Program Branch (ASAPB) with valuable information for future program design and aftercare.

- In the Bemidji Area, at the direction of the tribes, there are seven group homes that offer similar rehabilitation.
- Tribes in the Billings Area chose to purchase residential treatment from local private centers to complement tribal outpatient and residential aftercare programs.
- The Aberdeen Area continues with progress with developing a treatment center on the Standing Rock Reservation and continue to utilize local private centers.

As a continuum of care for high-risk youth, alcohol treatment, including aftercare and outpatient treatment of the individual and his or her family are a high priority.

Indian youth can be high-risk for suicide and may be seen for the first time by alcoholism counselors who must be extremely sensitive to correctly identify those at risk. The ASAPB is developing an intake protocol specific for AI/AN youth.

The focus of the IHS activity in addressing the life-long disabilities of children born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE) has been on primary prevention. The IHS effort has been for community and provider

training on the topic, the development and distributing of patient education materials and training of providers for the diagnosis of FAS and FAE. Within the past 2 years training has been expanded to include behavioral interventions appropriate for families and educators working with fetal alcohol-affected youth. This training effort will be further expanded to include specific training for medical and behavioral health care providers on assessment, intervention, treatment, and case management.

In addition, most communities have a school-based alcohol and substance abuse prevention program, delivered as part of the curriculum and/or supplemented by community or school alcohol and drug abuse specialized counselors to work with at-risk youth. Many communities also have community-based prevention projects targeting youth to enhance self-esteem, coping and communication skills, and provide alternative activities.

### **3) Mental Health/Social/Child Abuse Services**

- While there is a need for us to allocate additional staffing, mental health and social services are offered in all tribal programs and service units. Many behavioral issues of Indian youth appear related to low self-esteem from the effects of violence, abuse, and alcoholism in the family and community.



- Increasing numbers of Indian youth are being identified as perpetrators of child abuse. In fiscal year (FY) 1993, the IHS initiated a program to train mental health providers to treat these youthful offenders so that the intergenerational cycles of abuse will be broken.
- Formal child abuse treatment programs have been funded in four Indian communities: Hopi, Navajo, Bay Mills, and Washoe. Several of these programs are providing excellent service, utilizing traditional as well as western methods of healing. A tribal child abuse prevention demonstration program also has been supported at Fort Peck, Montana, by the IHS. Additional funding of \$250,000 has been requested in the President's FY 1996 budget for victim treatment.
- Teen pregnancy prevention activities are provided through the hospitals and clinics, but also through local community and school based teen health centers in a number of AI/ AN communities. These programs are also linked to the comprehensive school health education effort authorized by the IHCI and supported under an Inter-Agency Agreement with the CDC and involving the BIA.

#### **4) Accidents**

- By far the highest mortality of AI/AN youth occurs from injuries, largely from automobile accidents which occur as a result of risk-taking behavior , often associated with alcohol use and depression. The IHS has placed major emphasis on accident prevention education in schools and communities and on early emergency response to accidents. The IHS also created an Injury Prevention Fellowship Program for field personnel, which has graduated almost 100 participants.

#### **Interagency Cooperative Efforts**

Since becoming Director of the IHS in the past year, I have strongly supported IHS efforts to work with other agencies to strengthen our programs and increase serve and assist AI/AN youth. These efforts include relationships with:

- The Bureau of Indian Affairs (BIA) coordinates with the IHS to address child abuse, alcoholism, social services, mental health issues, handicapped children and adolescents, and problems in BIA boarding schools and detention centers. The IHS also funds social detox/assessment and referral services at BIA funded Juvenile Detention Centers including current

- locations at Fort Peck and Cheyenne River. In addition, the IHS also funds transitional startup projects at Chinle, Tuba City, and Pine Ridge where juvenile detention centers are scheduled to open within the next few years.
  
- The Center for Mental Health Services of the SAMHSA to develop an Indian child mental health initiative;
  
- The Center for Substance Abuse Prevention (CSAP) of the SAMHSA has funded AI/AN grantees in the following areas: (1) over 13 Community partnership programs; (2) over 30 Hi-Risk Youth Demonstration programs; (3) one Female Adolescent Treatment Program. The CSAP has also sponsored the development of community mobilization training for AI/ AN entitled Gathering of Native Americans. After an eight site pilot of this training program, the IHS and the CSAP are currently sponsoring continuation of this training in selected IHS Areas.
  
- The Center for Substance Abuse Treatment (CSA T) of the SAMHSA in its collaborative efforts with the IHS have resulted in numerous alcohol and substance abuse grants to tribes and AI/NA organizations. The CSA T currently funds six rural, remote and culturally distinct demonstration

- projects which include a primary AI/ AN focus, and six pregnant postpartum women and infant treatment programs.
- The IHS also helped fund the recently completed Institute of Medicine Study on youth tobacco use initiation. This study resulted in the 1994 publication Growin2 Up Tobacco Free: Preventin2 Nicotine Addiction in Children and Youth.
- The National Center for Child Abuse and Neglect (NCCAN) to train IHS and tribal providers to treat victims of child abuse;
- The CDC for the successful evaluation of suicide prevention approaches in three tribal locations which are White Mountain, Arizona, White Earth, Minnesota, and Jicarilla, New Mexico;
- The Department of Justice, Office of Juvenile Justice and Delinquency Prevention, to provide technical assistance and training for tribal community-based alternative programs for adjudicated Indian delinquents;
- The Head start program in the Administration for Children, Youth, and Families to provide technical assistance and training to Indian Head start programs;

- The National Center for American Indian and Alaskan Native Mental Health Research, University of Colorado School of Medicine, to encourage and facilitate research on mental health and substance abuse issues in Indian youth;

**5) Aberdeen Area Healthy Start**

- The Northern Plains Health Start program is one of the 15 grantees funded in 1991 by the Maternal and Child Health Division, Health Resources and Services Administration. The 19 tribal leaders in the Aberdeen Area have made a commitment to help their people reestablish strong, healthy families and reduce the infant mortality rate below the then current 18.4/1000 live births rate. A community-based family advocacy approach involving a one-on-one method of reaching the people seems to be effective. The advocates are trained members of a local team that include health care, social service and traditional medicine providers. The comprehensive services include preventive and primary health services for pregnant women and infant and childhood immunizations. It is anticipated the local team will foster a "mentoring" environment for the Healthy Start family advocate, which will result in more effective prenatal, infant and childhood care.

## **Tribal Relationships**

As part of our health care mission and our commitment to encourage tribes to operate their own health and behavioral health services, we have worked closely with tribes in our efforts to assist Indian youth. Tribes are in the best position not only to provide needed services, but also to address and prevent family violence, substance abuse and suicide. Traditional strengths of Indian communities are often rekindled in these efforts, including return to cultural pride and language, traditional family networks, and tribal values. Our role in the ms has been to provide information about the serious effects of child abuse, family violence, substance abuse and depression suicide on Indian youth and their families and to encourage the use of tribal strengths in preventing these problems from occurring. We are also pleased that Indian youth themselves have organized into groups such as Unity and Running Strong for American Indian Youth which are promoting approaches and strategies for healthier lives.

This concludes my testimony, Mr. Chairman, I will be happy to answer any questions that you may have. Thank you.